

State of Louisiana
Department of Health and Hospitals
Office of Aging and Adult Services

OAAS Regional Office Pre-142 Form

Date:

To: _____ **Support Coordination Agency**

From: **Region ____ Office of Aging and Adult Services**

_____ **RO Staff Name & Title**

Re: _____

Linkage Date: _____

The Comprehensive Plan of Care (CPOC) was submitted for prior approval for certification to the Elderly and Disabled Adult (EDA) Waiver program. The CPOC and admission information have been reviewed and determined to meet preliminary requirements for medical certification approval. A community placement date has not been designated. **This is not an eligibility approval letter and does not replace the 142 form.**

The support coordination agency must notify the Office of Aging and Adult Services (OAAS) Regional Office of the planned date of placement in the community, so that OAAS staff may conduct a Pre-Certification Home Visit. When the Pre-Certification Home Visit is completed and services are approved, the 142 form will be issued with the certification date effective the date the individual was discharged to home.

This approval will expire 120 days from the date of the individual's linkage date.

C: _____